

[illegible]**Filing Date**

10/620859

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS		AS FILED		10-21-01 AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
		Indep	Depend	Indep	Depend	Indep	Depend
1				/			
2					/		
3					/		
4					/		
5					/		
6					/		
7					/		
8					/		
9					/		
10					/		
11					/		
12					/		
13					/		
14					/		
15					/		
16					/		
17					/		
18					/		
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38					/		
39					/		
40					/		
41					/		
42					/		
43					/		
44					/		
45					/		
46					/		
47					/		
48					/		
49					/		
50					/		
Total Indep				4			
Total Depend				23			
Total Claims				27			

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
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88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						